Evidence-Based Practices (EBP)
and
Risk, Need and Responsivity (RNR)

How Probation Supervision Decisions Are Made in Arizona

Objectives

- Define Evidence-Based Practices
- Connect RNR to supervision strategies
- Identify why Assessments are the Foundation of EBP
- Describe the difference between Static and Dynamic Factors

Evidence Based Practices (EBP)

Objective, balanced, and responsible use of current research and the best available data to guide policy and practice (supervision) decisions, such that outcomes for probationers are improved.

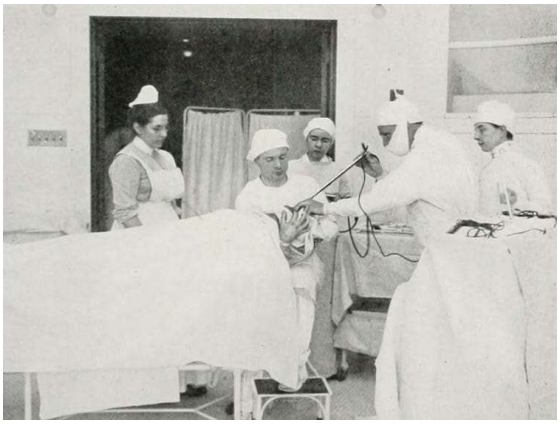
Let's break it down:

- **Objective, balanced, responsible** – When we're engaging in EBP, we're making every effort to keep biases and assumptions in check.
- **Current research and best available data** – We're relying on empirical research, not anecdotal experience or reverting back to doing what "we've always done"
- **Guide policy and practice decisions** – We're directly applying the data to our decision-making to inform and support our policy and practices, however we still acknowledge that professional judgement plays a role in how to best use the research.
- **Outcomes are improved** – We're seeing measurable progress in areas that matter to our community.

EBP is trying to make the best decision with the best evidence. It's what we all do in our daily lives with major decisions and things such as where to attend college, deciding where to live or purchasing a car, The same hold true in what we do in our probation profession, but we are looking at what is best for individuals on our caseload.

We use data to drive our decision making in supervision and treatment decisions.

In the beginning…



We've seen changes in so many different fields of work. Take medicine for example – even without knowing the exact procedure being done on either of these patients, we can see progressive changes.

- Ask class to share what they observe as changes (masks, lighting, tools used for procedure, etc.) Where we previously had to cut into a person, many procedures are now completed laparoscopically. If you were the patient, wouldn't you prefer the updated technology?
- Additionally, cancer treatments are another good example of EBP in the medical field. Advances in chemotherapy have increased survival rates in many types of cancer from the 1970's to current day. Anti-nausea drugs approved in the early 1990's alleviated major side effects of treatment. Vaccines were approved in 2006 to prevent cervical cancer.

It is important to consistently review the research to learn how to do things better and how to make things better.

We see similar trends in professional athletics. As athletes learn to train differently and eat differently, we see people working in their sport longer. We see this with Olympic stars, football quarterbacks, marathon runners and tennis. For example. In 1992, the average age of the top 10 men's players was 23.2 years. In 2002 it was 24.5 and in 2015 it was 29.7. Incredibly, the first Grand Slam of 2017, the Australian Open, was won by two 35-year-olds – Roger Federer and Serena Williams.

Enhances our ability to reduce recidivism

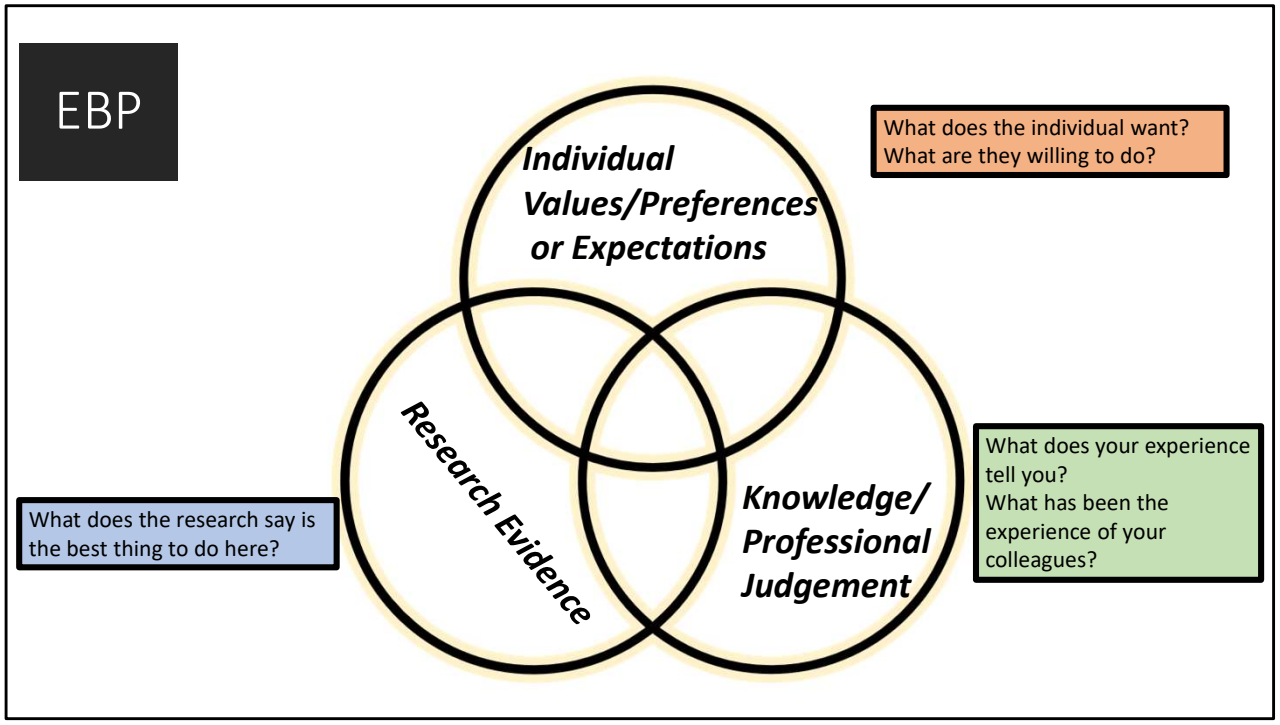
Promotes accountability

Creates a system that allows for informed policymakers, practitioners, and consumers

EBP

The ultimate goal of probation supervision is to reduce recidivism: lower the number of times a person is re-arrested, receives a new conviction or violates the terms of the probation.

Our job, all of us who work together as a probation team in Arizona, is to help hold individuals accountable to bettering themselves. Our job is also to inform our state legislative bodies, county board of supervisors and others who create laws, polices of the practices we utilize and results achieved. Of course, funding is tied to all policies and outcomes – so this helps us remain focused on what works with the population we serve.



Three areas to focus on when :

1. Knowledge – what does your experience tell you and what does the experience of your team tell you about working with clients. What you learn here (at the academy) may differ from what you hear out there (back in your department). Although EBP was introduced to Arizona Probation in 2008, there are still staff out there who don't yet understand or believe in proven methods to changing behaviors.

2. Research and Evidence – What is proven to be the best options for changing behavior of justice-involved individuals? You will learn a number of these things over the next two weeks, including Motivational Interviewing, Conducting accurate assessments and writing informed case plans specific to the story of each individual. There's a chance the methods and processes you learn now won't be the same toward the end of your career (should you opt to stay in this field) – and it's a really good chance. That's why we encourage you to stay up with research is to continue your own professional development.

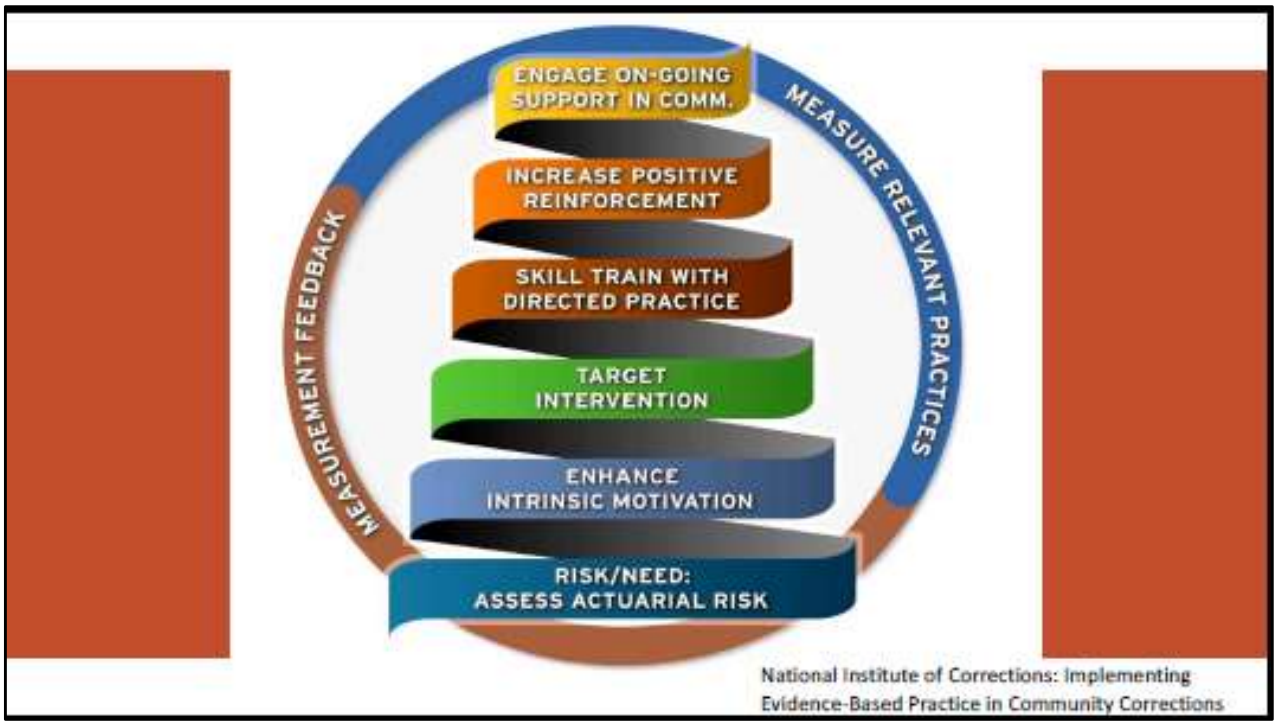
3. Justice-involved individual's stage of change – one of your primary jobs with everyone is determining whether someone wants to change and whether they know how. Let me say that again… (one of your primary jobs with everyone is determining whether someone wants to change and whether they know how). Once you know the answers to both of those questions, you can chart your work with them. Next week you'll have an entire class on stage of change – being accurate with this allows you to really move the needle with someone.

As new ideas are tested and studied, we make changes in the way we do business.

Let's focus for a minute on the importance of that research piece. As in medicine, technology, fashion and all other industries, probation must continue to research and study outcomes.

There have already been 100's of studies.

Much of our data and supervision recommendations come from meta-analysis, a quantitative overview, that employs statistical methods to combine and summarize the results of several trials. Basically, meta-analysis is a study of many studies. Well-conducted meta-analyses are the best method of summarizing all available unbiased evidence on the relative effects of treatment (Brooten, 2017).



The basic principles of EBP are commonly referred to as the **Principles of Effective Intervention (PEI).**
Looking at PEI in a different format.
Ask: What is the foundation of this pyramid? (Assessments – identifying the risks and needs that each individual we encounter in our business day).

At the individual case level, we must:

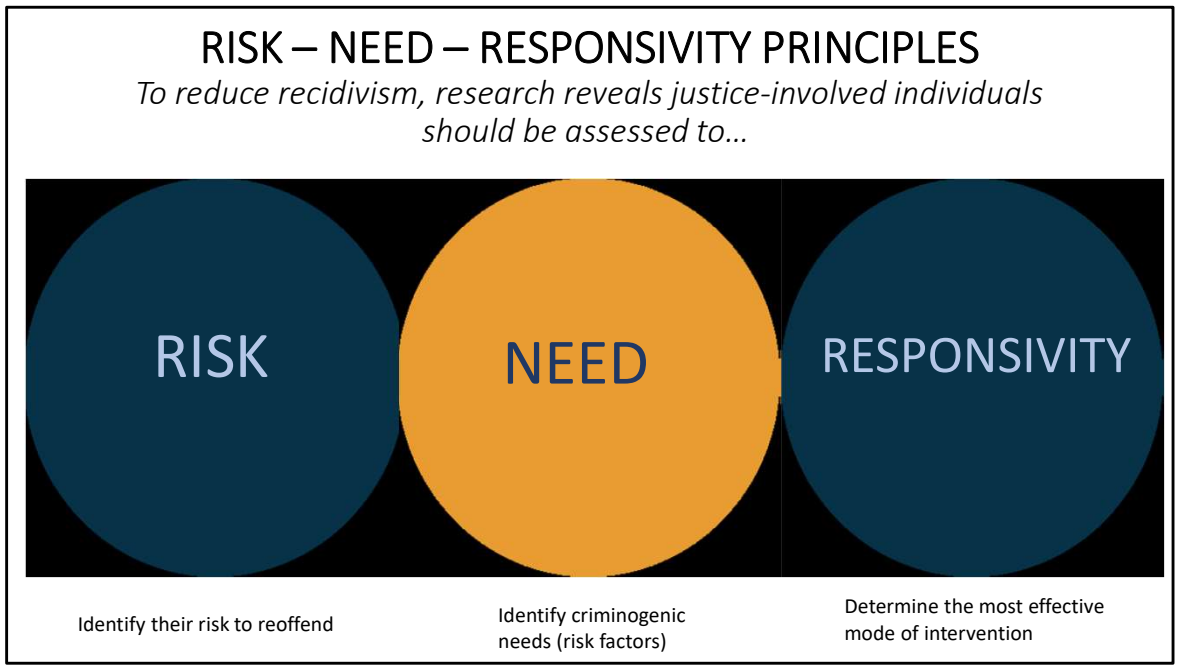
- First, assess (principle #1) prior to targeting intervention (#3), and that it is beneficial to begin building internal motivation (#2) prior to engaging a justice-involved individual in skill building activities (# 4).
- Similarly, positively reinforcing new skills (#5) has more relevancy after the skills have been introduced and trained (#4) and at least partially in advance of the offender's realignment with pro-social groups and friends (#6).
- The seventh (measure relevant practices) and eighth (provide feedback) principles need to follow the activities described throughout all the proceeding principles. Assessing a person's readiness to change as well as ability to use newly acquired skills is possible anywhere along the case management continuum.

*****These last two principles can and should be applicable after any of the earlier principles, but they also can be considered cumulative and provide feedback on the entire case management process.

We can't measure what we don't have. We can't make improvements or review data that we don't keep.

Success will look different for everyone we work with.
For some, there isn't much we'll need to do and they will lean toward self-correction.
Others will need direction, guidance and support
Still others will need you to walk along side because they can't yet follow direction. They'll need you and others (treatment providers, education partners, vocational coaches, etc.) to challenge them on how they think, act, and interact.

Let's move in to determining who's who…



RNR is a body of evidence-based principles that comes from decades of scientific research. It is the premier model for guiding offender assessment, treatment, and supervision. The model was developed in the 1990's and is currently used around the world. The RNR model is the only theoretical model that has been used to interpret the offender treatment literature.

Interventions that adhere to the RNR principles are associated with significant reductions in recidivism. Whereas supervision and treatments that fail to follow the principles yield minimal reductions in recidivism and, in some cases, even increase recidivism.

Studies show that universal and non-specific interventions fail to improve outcomes for probationers and can also make outcomes worse by:

- forcing people to focus on the wrong things
- unnecessarily exposing them to antisocial peers or values

By contrast, RNR helps us individualize supervision and treatment in an evidence-based way to improve outcomes.

Developed in the 1980s (Canada) and first formalized in 1990. It is a framework for guiding offender assessment and treatment focused on three principles:

The RISK Principle asserts criminal behavior can be reliably predicted and treatment should focus on the higher risk offenders (*WHO*?)

The NEED Principle highlights the importance of criminogenic needs in the design and delivery of treatment (*WHAT*?)

The RESPONSIVITY Principle describes how the treatment should be provided (*HOW?)*

RISK PRINCIPLE

Two Important Components:

1. Criminal behavior is predictable when a reliable and validated actuarial assessment is used

2. Appropriately match the level of service to the assessed level of risk (DOSAGE)

This principle identifies **WHO** we spend the most time with and **WHO** receives treatment referrals.

- Work with moderate and high-risk cases

***Key Points*:**

"Risk" measures "probability" to REOFFEND

- Keep low-risk cases out of intensive programming to avoid interference with existing strengths and/or increased association with higher risk individuals
- Risk directly ties to dosage and intensity

Risk identifies WHO should receive treatment

Risk is a measure of likelihood, not severity. Risk assessments measure how likely it is that a person will be arrested or convicted of a new crime. Have you heard the saying that "Past behavior is the best predictor of future behavior?" An actuarial risk assessment is a statistical method of estimating the risk of something (bad) happening. Insurance companies also use actuarial risk assessments to statistically identify who among us is more likely to be involved in a traffic accident. Sound familiar? The concept is the same here in probation – we are statistically identifying who on our caseload is likely to commit another offense.

- Insurance companies often offer lower rates to "high-priced, high-risk" individuals who utilize interventions such as completing driving school or a taking defensive driving class; driving a certain type of car (i.e. not a red sports car); driving less miles annually; holding a certain credit score; installing devices in their vehicle that capture driving experiences, etc.
- Probation research shows that higher-risk individuals that participate in services and treatment reoffend less.
- ✓ Statistics are statistics. If we don't know what they are and follow them – we're not serving either probationers or society.

Risk assessments do not measure how dangerous the person is or how big a threat they pose to others or to society.

Administering a risk assessment will help you determine **WHO** on your caseload would benefit from specific treatments or interventions. Those who are deemed high-risk are the people who are unlikely to discontinue criminal behavior unless they receive intensive services, and those who are low-risk are more likely to stop on their own.

This is where many in our profession get it wrong. Decision-makers, from officers to chiefs, who are unfamiliar with RNR may assume that higher-risk individuals are beyond hope and decide to focus resources (staff time and funds) on low-risk individuals, which is the exact opposite of what should be happening. Inappropriate matching of treatment intensity with offender risk level can actually result in increased criminal behavior. Our assessment tools (OST, FROST, AZYAS) help everyone working with an individual interpret the results accurately and make decisions that are in the clients' best interests. This includes judges, probation staff and treatment providers. All of us need to be aware of tying these concepts into:
Dosage conversations

The risk principle suggests that the intensity of treatment (dosage) should match the risk level of the justice-involved individual. *Higher dosage for high risk*, *lower dosage for low risk*

Ask for examples of lower risk individuals and the adverse consequences of unintentional intensive services
Allow time for answers
Then wrap up advising officers to:

- Keep low-risk individuals away from high/medium-risk clients so the higher/medium-risk don't teach or influence the low-risk individua i.e.:
    - putting a pro-social thinker in treatment surrounded by anti-social thinkers
    - disrupting an individual's home or work environment by over-supervising them.

RISK PRINCIPLE:

DOSAGE STUDIES

Research aimed at determining the type and amount of intervention a probationer should receive to minimize recidivism and increase public safety:

Risk Level	Number of hours of programming/interventions
Moderate	100
Moderate/High	200
Very High (High Needs)	300

*Only hours targeting the person's criminogenic needs can be included.

As a profession, we must be more intentional with moderate-high and intensive probationers. Provide more programming, for sure. Every contact YOU have with a high-risk probationer should include an intervention.

NEED PRINCIPLE

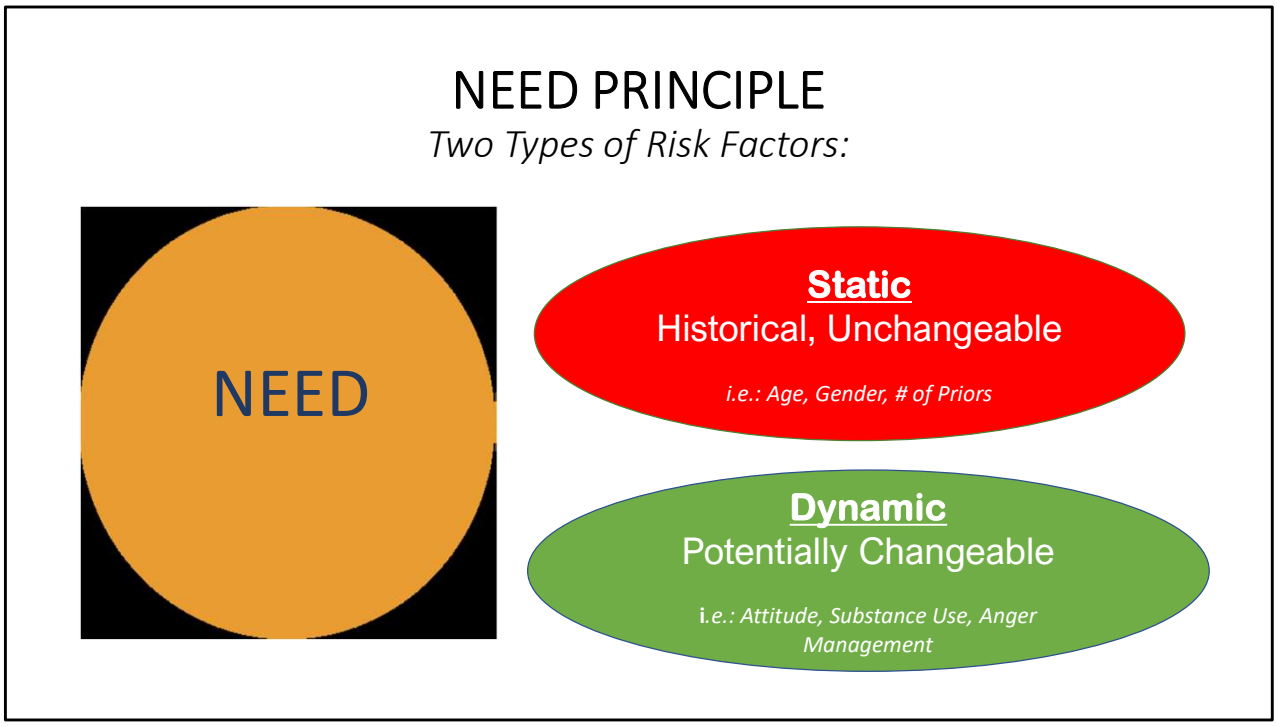
Provides Foundation and Focus

- Identifies ***criminogenic needs*** (factors directly relating to criminal behavior that are amenable to change)
- This principle identifies **WHAT** an individual should focus on while under supervision
  - ✓Desired goal is recidivism reduction

Needs: What should be treated?

Criminogenic needs are factors in a person's life that are considered causes of criminal behavior. A few are static, such as arrest record or age at which delinquency began, but most are dynamic and can be changed with the right intervention.

Using a validated needs assessment tool, you can determine which needs have a stronger presence and require the most substantial or most immediate intervention. Frequently, people who are under supervision have multiple, intersecting needs, and case management (including case planning) should account for both the causes and effects of criminal behavior. It is vital to determine WHAT should be treated.



The Need Principle focuses on criminogenic needs, also referred to as risk factors.

Static risk factors can only change in one direction (increase risk). Examples are age of first offense; prior criminal history; raised in a single-parent home, etc. Static risk factors are important in assessing long-term recidivism potential.

But… the evaluation of change in a justice-involved individual requires the consideration of dynamic risk factors.

Thus, we focus on Dynamic Risk Factor – CHANGEABLE e.g., substance abuse; unemployment; attitudes; education; etc.

Criminogenic Needs

Characteristics, traits, problems or issues of an individual that directly relate to the individual's likelihood to reoffend and commit another crime.

Ranking	Criminogenic Need	Description
1	Antisocial Attitudes, Values, Beliefs	Maladaptive thought patterns that serve to increase and sustain one's propensity to engage in criminal behavior
2	Antisocial Personality	Impulsivity, deceitfulness, disregard of the rights of others, lack of remorse, failure to conform to social norms, aggressiveness, lack of problem solving or coping skills
3	Antisocial Behavior	Actions that harm or lack consideration for the well-being of others, including intentional aggression as well as covert and overt hostility
4	Social Networks (Antisocial Peers)	Peer group composed of individuals engaged in antisocial activities with a limited number of prosocial contacts
5	Problematic Circumstances of Home (Family / Marital)	Poor, conflictual relationships with family and/or spouse
6	Problematic Circumstances of School / Work	Poor completion of work or school tasks; low work/school satisfaction
7	Lack of Pro-Social Leisure or Recreational Activities	Few, if any, prosocial hobbies or interests
8	Substance Abuse	Use of alcohol and/or other illicit substances

Targeting "crime producing" needs in treatment, such as:

1. changing antisocial attitudes and feelings
2. reducing antisocial peer associations
3. promoting familial affection and communication
4. reducing chemical dependencies

Holds promise in reducing the statistical probability that an individual will move toward increased law-abiding behaviors.

(Andrews and Bonta, 2010)

RESPONSIVITY PRINCIPLE

Guidance on HOW to provide treatment

Maximize the person's ability to learn and change by:

- Providing services that are based in cognitive-behavioral therapy (CBT)
- Tailoring the intervention to the learning styles, motivation, abilities and strengths of the individual

This principle refers to **HOW** treatment should be delivered.

- General Responsivity – matching our approach to best meet the person's needs, learning style, preferences and motivation
- Specific Responsivity – adapting interventions to the biological, social and psychological characteristics of the individual
  - Education or reading level (IQ)
  - Language
  - Culture, race, gender, ethnicity
  - Motivation
  - Relational style

Responsivity: How should we treat?

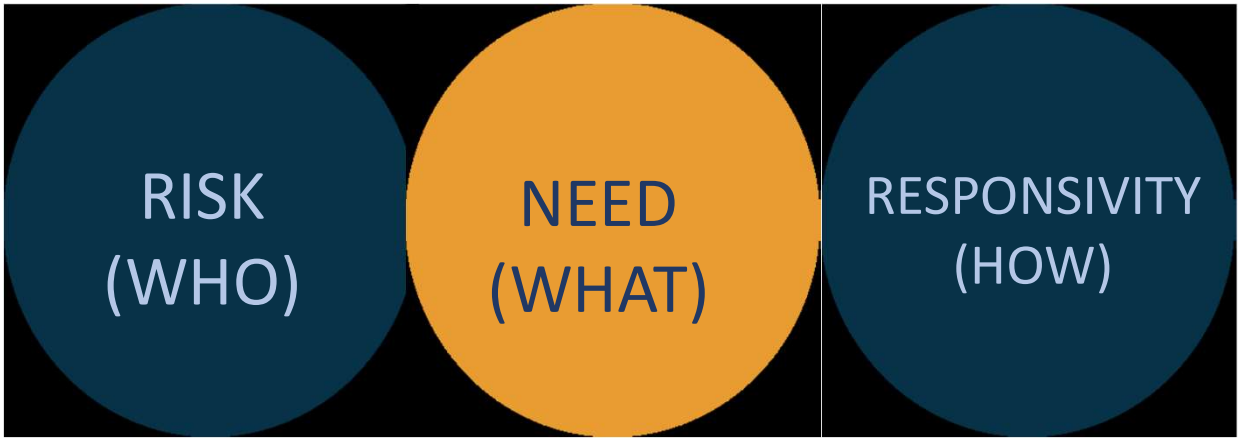
It's not enough to understand a person's risk to recidivate and the criminogenic needs driving it. We have a responsibility to do something with this information to lower the risk by appropriately addressing the person's needs.

Responsive treatment means:

1. Providing the services a person needs. Risk/needs assessment tools will help match clients to the treatments and interventions that will directly address their most prevalent needs.
2. Providing ONLY the services a person needs. Focusing your case management plan to exclude generic or unneeded services will help eliminate distractions that can potentially undermine progress.
3. Providing needed services in the right order. It's important to be thoughtful about the way services are provided. If a person is going through addiction withdrawal, for example, then cognitive behavioral counseling to address antisocial attitudes is unlikely to affect change.

RISK – NEED – RESPONSIVITY PRINCIPLES

Forms the foundation for everything we do in supervision



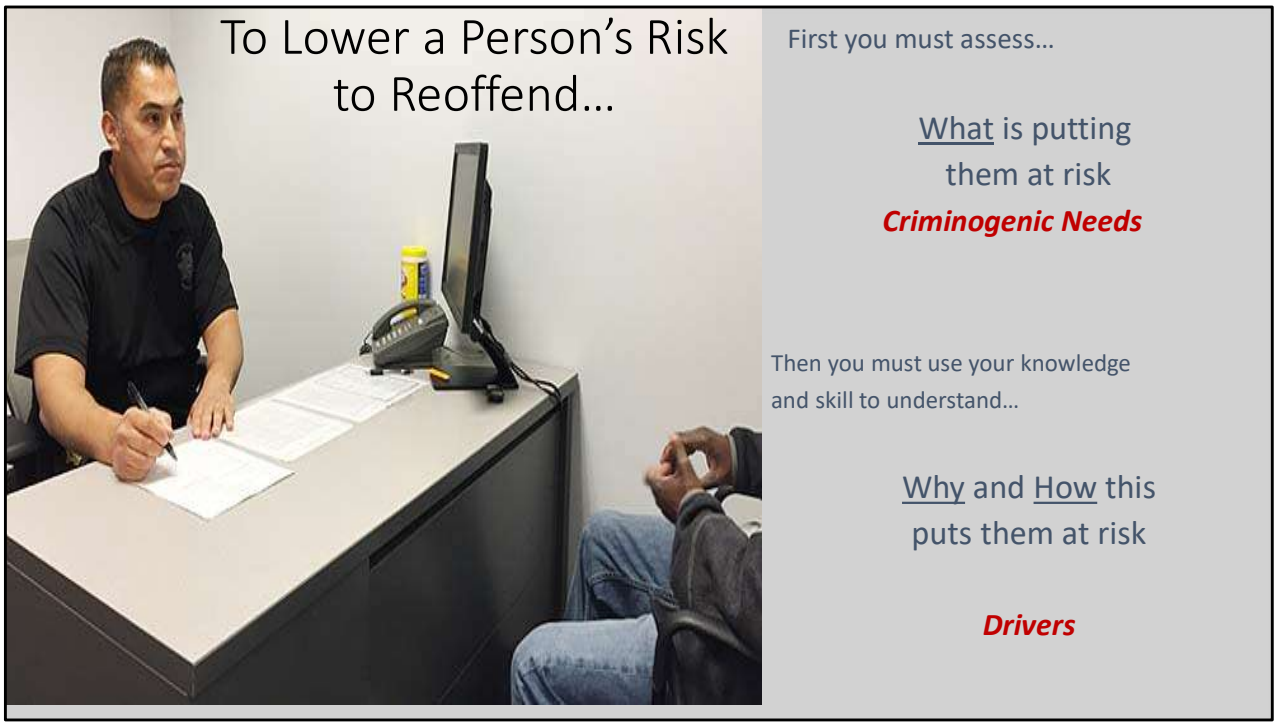
Understanding and applying the RNR principles is key to successful behavioral change and supported by EBP research

The RNR Model was developed in the 1990's and is currently used around the world. Interventions that adhere to the RNR principles are associated with significant reductions in recidivism. Whereas supervision and treatments that fail to follow these principles yield minimal reductions in recidivism and, in some cases, even increase the recidivism rates.

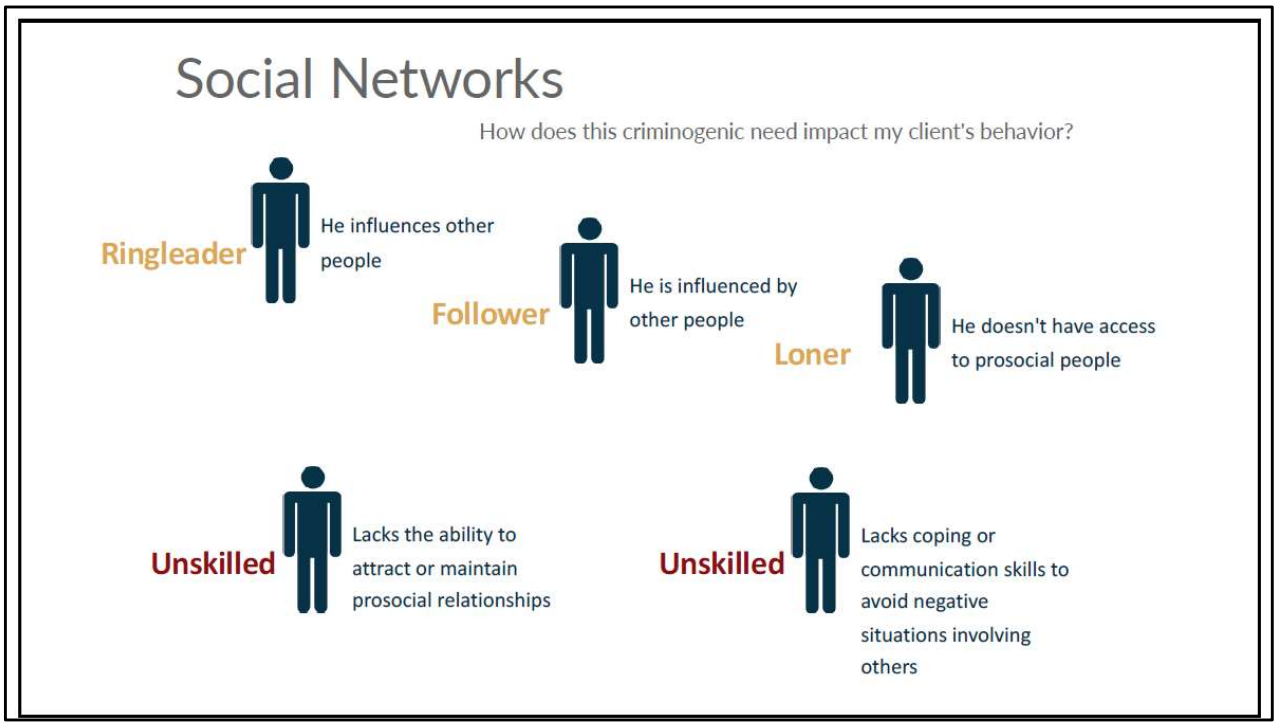
Effective Case Management Requires:

- Assessing
  - <u>What</u> is putting them at risk
  - ***Criminogenic Needs***
- Understanding
  - <u>Why</u> and <u>How</u> these criminogenic needs put them at risk
  - ***Drivers***

Next week you will receive specific instruction and greater understanding of the proper procedure to conduct assessments and identify criminogenic needs. You will also take a deep dive into case planning, and with that have a full class on Drivers, which are what determines/influences a criminogenic need for each individual. It is mistakenly and commonly assumed that one person with substance abuse issues misuses drugs and/or alcohol for the same reason that everyone else with a substance abuse issue does. That is why understanding what influences each specific person's risks and needs is vital to reducing their recidivism and increasing community safety.



When we manage cases effectively, we lower their risk to reoffend.

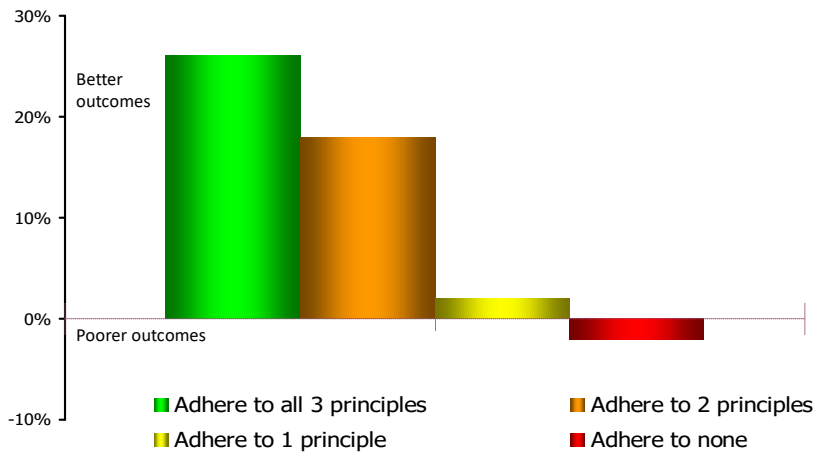


Who among these types of individuals might best respond to services?
Will the ringleader be a good fit for residing at a halfway house? Likely not because this individual has great potential to negatively influence people quickly. The loner, however, may be a great fit for a halfway house. He/she may need access to positive role models, be a very astute observer and learn from simple daily interactions.

Ideally, a great PO will constantly ask themselves "how do I strengthen someone's skills?" BECAUSE SKILLS DRIVE THE "HOW"

They will identify and note the attitude of everyone they supervise and navigate through it by identifying drivers, building relationships and rapport, providing support and being honest and upfront (providing measured feedback – one of the core EBP principles). People can hear you, even when the truth is hard, if your tone is consistent, supportive and calm. Of upmost importance is always remembering results are always up to the individual, not the professional.

Impact of Adhering to the Core Principles of Effective Intervention: Risk, Needs, and Responsivity*



* meta-analysis of 230 studies (Andrews et al., 1999)

We are not saying do less supervision or not supervising at all, but you can see that the meta-analysis from 1999 (23 years ago) recommended supervising differently.
*Review the adherence data as related to outcomes.

New officer must understand that if you do this job in a way contrary to EBP principles you can make people worse. That is the red zone here. If you are intervening with people in the wrong way, you are increasing their risk to reoffend. Most people don't believe that is possible. Most people think this is a bad person I'm working with and there is no way I make them worse. They are a felon, and we have this thinking that because we are not, we need to teach them how to live and there is nothing I can possibly do to make someone worse. That's not true. We can make a high-risk person worse.

Over two decades later, the data continues to show that the best outcomes are based on absolute adherence to RNR – using all 3 principles. The problem is – we seldom adhere to all three principles. We do a decent job identifying the risk and needs. The most pressing needs is the attitude, and we don't understand where it comes from (driver). With responsivity, we tend to the same thing with every single person, regardless of their individual strengths and weaknesses. That helps our time management. It's simple. We send them all to the same treatment center. We send somebody to a co-ed situation, and they have trauma not suited for this type of group. Programming and planning is ALL about individuality.

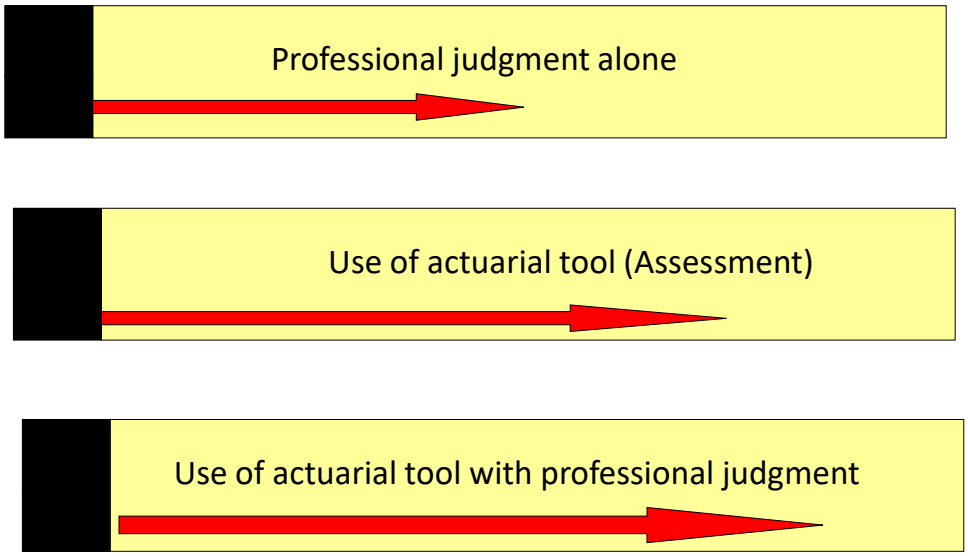
It's easy to assess (OST, FROST) and narrow down our needs from there – but as a

profession, here in Arizona, we continue to struggle with responsivity. We continue to struggle with intervening the wrong way. We have found that boiler plate case plans are common, but ineffective. They don't facilitate individual change. Although two (or more) individuals may look the same on paper because they have the same risk score, committed similar crimes and are about the same age – the reason(s) for offending is very different. When we acknowledge that and identify these differences for each person we work with – we will make a deeper and more meaningful impact both individually and collectively in our communities.

For example:

- When we put someone who has experienced sexual trauma in a treatment group with the opposite gender – we are doing harm.
- When we put low risk individuals in groups with medium and high-risk individuals – we are doing harm.
- When we put a non-English speaker in a group that speaks only English – we are doing harm.

Results Driven Practice



Our results in reducing recidivism and increasing public safety hinge on our professional judgement, which should be formed by the concepts taught here in this class and in this academy + what you are formally taught in your departments. Those results increase when you use an actuarial tool – one of our assessments: OST/FROST on the adult side; AZYAS on the juvenile side. The results are maximized when we use both together.

Utilizing Risk Levels

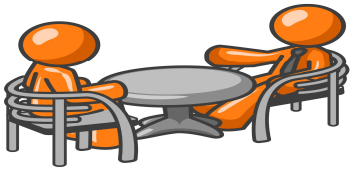
Risk Level	Response	Intervention	Motto
LOW	Management	Least restrictive sanctions and supervision	"Get out of the Way"
MEDIUM	Reduction	Determine criminogenic needs and reduce risk factors through effective intervention and appropriate supervision	"Live in their Back Pocket"
HIGH	Reduction & Control	Control risk of re-offending while under supervision	"Zero In"

Best use of resources. Do not invest a lot of officers' time with low-risk offenders. They will self correct and just need to be monitored for compliance. Medium risk need more programmatic interventions but can change. High risk need more intensive treatments and supervision. They can change but it will take more time and more treatment.

Core Correctional Practices (CCP) (What is CCP?)

A set of skills used by probation/parole officers/corrections officers to support cognitive behavioral programming when interacting with probationers/parolees/inmates (justice-involved individuals). These skills include:

- Appropriate use of authority
- Appropriate (prosocial) modeling
- Appropriate reinforcement
- Appropriate disapproval
- Use of Cognitive Skill Development Strategies
- Skill-building strategies
- Problem solving strategies
- Use of Role Playing/Rehearsal Techniques
- Effective use of community resources
- Relationship factors



Interaction between P.O. & Justice-Involved Individual

Adapted from Andrews, 2000; Dowden & Andrews 2004

This is a researched curriculum that provides a roadmap for how you utilize these foundational elements that we just reviewed (EBP and RNR) in your work and how you best get into cognitive behavioral techniques.

"How" services are done may be as important as "What" is done. Research has supported the notion that staff that have these skills and are transparent get better outcome results. People change, heal and grow more readily when they are engaged in relationships that are fair, engaging, and have clear structure, regardless of the population or the intervention type. CCPs are largely based on social learning techniques and cognitive-behavioral techniques.

Core Correctional Practices (CCP) Models

Include:

- STICS (Strategic Training Initiative in Community Supervision)
- STARR (Staff Training Aimed at Reducing Re-Arrest)
- Risk Reduction (e.g., Carey Guides)
- **EPICS II (Effective Practices In Correctional Settings)**

Some of you are working in counties where you a number of these strategies are used. Some counties just use EPICS II.
Either way, these are your tools. Let's take a look at where the tools fall in our work

Advance to next slide

In the construction industry there are building codes, which provide HOW things should be built. Then there is a blueprint for a specific structure. Based up on a code, but more specific for an individual structure. Then, there are the tools the workers use to build the structure.

There are foundational elements to how our work should be done are evidence-based practice and risk, need, responsivity. Then there is case planning and individual intervention strategies that we need to use which are consistent with the principles and codes. Then, there is all the tools that we use to get the intervention to work. Motivational interviewing tools, EPICS II,
These are the techniques I use to make the intervention successful.

Build your cases, your people, so that they won't blow over in a hurricane, so they stand up in an earthquake. Be an architect.

- Our building codes are the foundational principles of EBP and RNR
- Our blueprints are our case plans and intervention strategies
- Our tools are the core correctional practice models we use (Carey Guides, EPICS II)

Now let's have you apply what we've discussed. Each table will be provided a scenario with basic information about a probationer. Together, decide what principles, interventions and/or strategies you would use with him/her, if any. Be prepared to explain why your group made these decisions.

(one handout provided to each table)
Allow 10 minutes or less for discussion, then debrief each table as time permits.

Scenario 1

Scenario 2

Scenario 3

Scenario 4

Scenario 4

Scenario 5

Scenario 6

Scenario 7